

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025765

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 356Primary Registration District No. 4521Registrar's No. 50

STATE FILE NUMBER

FILED JUN 21 1962

## 1. PLACE OF DEATH

a. COUNTY Texasb. CITY (if outside corporate limits, give TOWNSHIP only)  
OR TOWN HoustonLength of stay in lb  
1 dayc. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Texas County Mem. Hosp.Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Texasc. CITY OR TOWN Mt. GroveInside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (if outside, give location)

Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)First Middle Last  
EARL ISSAC WOODS4. DATE OF DEATH  
Month Day Year  
6/6/625. SEX  
male6. COLOR OR RACE  
white7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
10/16/059. AGE (last birthday)  
56IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Douglas County, Mo.12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

James F. Woods

13b. MOTHER'S MAIDEN NAME

Nettie Goodman

14. NAME OF HUSBAND OR WIFE

Fay E. Woods15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Fay Woods, Mt. Grove

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CORONARY OcclusionINTERVAL BETWEEN ONSET AND DEATH  
24 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CORONARY ArteriosclerosisUNKNOWN

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6/57 to 6/6/62 and last saw him alive on 6/6/62

Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deedee or title)

J. L. Spears MD

22b. ADDRESS

Cabool, Mo.

22c. DATE SIGNED

6/12/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

6/9/62

23c. NAME OF CEMETERY OR CREMATORY

Cabool Cemetery

23d. LOCATION (City, town, or county)

Cabool, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Elliott-Gentry Funeral Home, Cabool, Mo.

25. DATE RECD. BY LOCAL REG.

6-16-62

26. REGISTRAR'S SIGNATURE

Myrtle Craig RZA

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59107021070

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121-0134-0

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JUN 21 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lowell C. Craig

Licensed Embalmer No. 4766

P. O. Address Mrs. Gove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.